

NEURO SWING FIT TEST-AFO Request Form

Facility Name: _____

Orthotist Name: _____

Contact Number: _____ Date AFOs required: _____

Customer Name: _____



AFO Required (please select)

Side:	Left	Right	Bilateral		
Size:	XXS (12mm)	XXS (14mm)	XS (14mm)	Small (16mm)	Medium (16mm)
	Large (20mm)	X-Large (24mm)			

Shoe Size (EU): _____ Patient Body Weight (kg): _____

Additional Notes:

Please note that for patients with a heavy body weight or sturdy build, selecting a larger orthosis size may be necessary. We advise that the NEURO SWING FIT AFO should be worn with a knee stocking or a knee-high compression stocking. Additionally, we suggest completing a configurator report for your patient to ensure the appropriate joint selection.

Trial Unit Terms & Conditions

Össur Australia offers 1 week free patient trials. A loaner fee of \$400 per week may apply for each week the unit is outstanding after this time (at Össur's discretion).

By signing this document, I agree to the Össur Australia Terms and Conditions for trial components (available on request).

Signature

Date

Please submit the completed form to our Customer Care team at anzbracing@ossur.com.

